

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

4287

LED OCT 18 1952

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>4 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>K.C. Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Children Mercy Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>578 Forrest 3059</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Betty</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Carriek</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 30 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>		8. DATE OF BIRTH <u>Apr. 28, 1952</u>	
9. AGE (In years last birthday) <u>5</u>		10. MONTHS <u>2</u>		11. DAYS <u>2</u>		12. HOURS <u>30</u>	
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>Child</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Indianapolis Ind.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Daniel Carriek</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Jane Perry</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Daniel Carriek</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pneumonia bronchial</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION <u>—</u>				INTERVAL BETWEEN ONSET AND DEATH <u>491X</u>	
19b. MAJOR FINDINGS OF OPERATION <u>—</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>9-29</u> , 19 <u>52</u> , to <u>9-30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-30</u> , 19 <u>52</u> , and that death occurred at <u>12:48A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. M. Gilkey</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1024 Prof. Bldg.</u>		23c. DATE SIGNED <u>10-2-52</u>	
24a. BURIAL, CREMATION, RENOVATION (Specify) <u>Burial</u>		24b. DATE <u>10-1-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tinney Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-1-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. G. Weibull</u>			
				ADDRESS <u>L.C.S. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

25 25 25

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

B. E. Weiler

Licensed Embalmer No. *4075*

P. O. Address *K.C. 8, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.